

# Advisory Panel Application Form (Print or Type)

☐ Attach Resume, Curriculum Vitae, or Arts and Culture Background Summary

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. Gender: ☐ F ☐ M E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Island \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

I am applying to serve as a panelist for (*check all that apply*):

☐ SFCA Biennium Grants Program ☐ Folk Arts Apprenticeship Awards ☐ Individual Artist Fellowship

**1** Have you ever served on an advisory panel for the State Foundation on Culture and the Arts?

☐ Yes ☐ No If yes, on which panel(s) and in which year(s) did you serve? \_\_\_\_\_

**2** Check all that apply:

☐ I would like to be considered as a panelist for the upcoming grants funding process.

(*If you checked this one, your panelist form must be at the SFCA by October 22, 2004*)

☐ I would like to be considered as a panelist for future SFCA panels.

**3** Check your areas of specialization (*check all that apply*):

<input type="checkbox"/> Arts in Education	<input type="checkbox"/> History and Humanities	<input type="checkbox"/> Presenting
<input type="checkbox"/> Community Arts	<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Theater
<input type="checkbox"/> Dance	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Ethnic Heritage/Traditional Arts	<input type="checkbox"/> Music/Opera	

**4** Using the codes below, record your *primary* area of expertise in culture, arts, or history and humanities (*choose one*): \_\_\_\_\_  
indicate *secondary* area(s) of expertise, record codes here: \_\_\_\_\_

[A] Administrator	[D] Board Member	[G] Professional Artistic Staff
[B] Artist or cultural advocate	[E] Educator, Pre-K-12	[H] Volunteer
[C] Artist or cultural professional	[F] Educator, post-secondary	[I] Other (specify) _____

**5** Check the following that best describes you (*for national reporting purposes—optional*):

☐ Asian  
☐ Black/African American  
☐ Hispanic/Latino  
☐ American Indian/Alaskan Native  
☐ Native Hawaiian/Pacific Islander  
☐ White (not Hispanic)  
☐ Other (specify) \_\_\_\_\_

**6** Applicants with disabilities, please list any specific accommodations needed at meetings \_\_\_\_\_

If you know of other qualified individuals who would be interested in serving on an SFCA panel, we would be happy to send them an application form. Please indicate name(s) and addresses below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_